

**Michigan State Methamphetamine Task Force**  
**Prevention Subcommittee**  
**Methamphetamine Data Indicator Collection and Reporting Recommendations**  
**May 2006**

**Background:**

In order to track emerging patterns of use and manufacture of methamphetamine, prioritize prevention efforts, and to assess the impact of local and state efforts, it is important that the State of Michigan has a strong data collection and reporting system for tracking methamphetamine use and related problems, using appropriate social indicator data.

We recommend that Michigan establish a system to continually collect, assess, monitor and report on methamphetamine indicators. This would empower both the state and local communities to identify supply and demand patterns and to identify appropriate target populations and their specific needs. This system would enable both the state and local communities to make informed resource allocation decisions, identify emerging trends, and to assess the impact of methamphetamine prevention efforts.

The Prevention subcommittee of the Michigan Methamphetamine Task Force has worked to identify relevant data sources, appropriate indicators, and methods and frequency for reporting. We hope that through the Strategic Prevention Framework Grant, State Epidemiology Workgroup (SPF/SEW) and the Methamphetamine Project evaluation resources that a system will be developed to collect and compile a database that includes data for all relevant variables and that Michigan will continue to collect, assemble, monitor, and analyze these data for periodic reports.

We recognize that any one of these data sources/indicators does not give the entire picture of the methamphetamine problem. We believe that by using multiple data sources we can create a composite picture of the methamphetamine problem in Michigan that is more comprehensive and informative than any one data source alone.

We believe that this information will be critical in supporting the Strategic Prevention Framework effort in local communities as they begin the process of assessing the burden of each drug on their communities. Understanding the scope and impact of the methamphetamine problem will allow communities to prioritize problems and choose appropriate programs, policies, and practices to ensure that the response to each drug is proportionate to the burden caused.

**Note:** Much of the data being requested (e.g. the child welfare statistics) would be useful for other drug prevention efforts than just methamphetamine. A system to collect and report data indicators may strengthen the data collection system of the State beyond methamphetamine alone.

## **1. ADULT USE PREVALENCE DATA – Adult Risk Behavior Survey**

### **Rationale/Purpose of Data:**

- Track prevalence of methamphetamine use among the adult population.
- Track emerging patterns of use and perceptions among adults.
- Track effectiveness of community efforts to prevent the onset of methamphetamine use
- Target prevention efforts in relation to resources.
- Understand population change over time when collected consistently.
- Give the most complete picture of the scope of methamphetamine use in Michigan when combined with appropriate youth survey data.

### **Limitations:**

- Michigan does not currently conduct an annual Adult Risk Behavior Survey.

### **Suggestions/Recommendations:**

- Establish a Michigan Adult Risk Behavior Survey that includes the collection of the following methamphetamine indicators: lifetime use, past 30-day use, route of administration, and perceived risk/harm.
- Survey collection should be done every two years and use an adequate demographic sample size to report statistically significant results at the State level.

## **2. YOUTH SURVEY DATA: Perceived Risk, Age of Onset, And Past 30-Day Use**

### **Rationale/Purpose of Data:**

- Track prevalence of methamphetamine use among the youth population.
- Track emerging patterns of use and perceptions among youth.
- Track effectiveness of community efforts to prevent the onset of methamphetamine use
- Target prevention efforts in relation to resources
- Understand population change over time, when collected consistently.

### **Limitations:**

- Sources are currently limited and inconsistent for the methamphetamine indicators they collect. Data sources and the indicators collected by each are listed below:
  - **Michigan Youth Risk Behavior Survey Indicators (YRBS)** (8,10, and 12 grade):
    - Lifetime use of methamphetamine at the state level
  - **Michigan Profile for Healthy Youth (MIPHY) 2005 draft survey Indicators** (7, 9, and 11 grades):
    - Lifetime use of methamphetamine, only on 7<sup>th</sup> grade students, possibly by county.
    - Past 30-day use of methamphetamine, only on 9<sup>th</sup> and 11<sup>th</sup> grade students, possibly by county.

- **Monitoring the Future Indicators** (8, 10 and 12 grade, national level):
  - Past 12 month use
  - Past 30-day use
  - Perceived risk
  - Availability
  - Disapproval of meth use
- **National Youth Risk Behavior Survey Indicators** (8, 10, and 12<sup>th</sup> grade):
  - Lifetime methamphetamine use.

**Suggestions/Recommendations:**

- Modify the MIPHY and the MI YRBS surveys to collect age of onset and perceived risk data for the 2007 version of the MI YRBS and the 2008 version of the MIPHY. This would only require an additional two questions on each survey.

### **3. PUBLICLY FUNDED TREATMENT ADMISSIONS - Demographic Characteristics**

**Rationale/Purpose of Data:**

- Examine unique characteristics of methamphetamine users entering treatment.
- Track utilization of treatment services as an indicator of scope of problem.
- Track emerging patterns of use.

**Limitations:**

- Only captures publicly funded treatment admissions, missing all privately funded treatment. This may provide skewed demographic characteristics.
  - May under represent men due to income and priority restrictions on publicly funded treatment.
  - Lower socioeconomic status will be over represented due to income restrictions.
- There may be a lag between a drug problem in a community and people presenting for treatment. (Estimate 7 years)
- Treatment admissions should not be used to indicate prevalence patterns. For example, an increase in treatment admissions may be an indicator that the community is being successful in raising the awareness of methamphetamine and promoting treatment resources.

**Suggestions/Recommendations:**

- Collect and report the information with clear caveats regarding the limitations and an explanation of how this information should be used.

### **4. EPIC (El Paso Intelligence Center) - Dumpsites/Waste and Manufacture Sites**

**Rationale/Purpose of Data:**

- Track patterns of manufacture and identify emerging trends.
- Track what portion of methamphetamine is locally manufactured vs. imported.

- Track number of children found at methamphetamine manufacturing sites.
- Track impact of lab reduction efforts.

**Limitations:**

- The EPIC reporting system is currently not mandatory for all law enforcement entities leading to an incomplete collection of data. Areas that consistently report to EPIC may be seen as having a larger methamphetamine problem than areas that do not report consistently.
- This data should not be tracked without also tracking prevalence of use data or we run the risk of mistakenly thinking that methamphetamine is no longer a problem once labs are reduced while methamphetamine use may still be a large problem.

**Suggestions/Recommendations:**

- Either make this report mandatory, or work with law enforcement agencies to encourage reporting. Ideas include having the Michigan State Police work with county law enforcement and the Michigan Sheriff's Association to encourage reporting.
- Provide a caveat about reporting not being mandatory so that areas consistently reporting are not interpreted as having a worse methamphetamine problem than areas that are not reporting their data.

## **5. CHILD WELFARE - Methamphetamine Related Referrals and Removals**

**Rationale/Purpose of Data:**

- Track trends in children living in houses with parents that either use or produce methamphetamine. Research suggests that parents who use methamphetamine are more likely to neglect and/or abuse their children.
- Target prevention efforts appropriately in relation to resources.
- Provide information to assist in prevention strategy development in communities.

**Limitations:**

- Currently it is not possible for the state to collect information regarding child referrals and child removals that are due to drug use/abuse, or for the specific drug.

**Suggestions/Recommendations:**

- We support the SPF/SEW and the Intergovernmental workgroup in coordinating a process for collecting and sharing this data.

## **6. COURT INVOLVEMENT – Arrests And Convictions for Methamphetamine Possession and Manufacture, Including Arrestee Demographics**

**Rationale/Purpose of Data:**

- Demographics: Gives a more complete picture of who is using and manufacturing methamphetamine than publicly funded treatment admissions provides alone.
- Examine unique characteristics of methamphetamine users being arrested.
- Examine unique characteristics of methamphetamine manufacturers.

- Track emerging trends of use, supply and manufacture.

**Limitations:**

- Currently unable to identify a single source that collects aggregated city, county and state law enforcement data.
- This is not a complete picture of who is using or producing methamphetamine, it only looks at those that are caught.

**Suggestions/Recommendations:**

- Need to coordinate state, county and local police department arrest information.

## **7. HEALTH CARE - Emergency Room and County Public Health Data**

**Rationale/Purpose of Data:**

- Provide an indicator of the scope and burden of the methamphetamine problem.
- County public health agencies may encounter persons through their services that are methamphetamine users and be able to appropriately refer them.

**Limitations:**

- Hospitals report information to a 3<sup>rd</sup> party and the data is not publicly accessible.
- Often medical providers will not record a drug or alcohol problem due to insurance coverage and privacy issues.

**Suggestions/Recommendations:**

- Local communities may be the best avenue to coordinate data tracking efforts with their local hospitals. County public health departments, multi-county emergency preparedness groups, and other local groups may be able to work toward coordination of this data collection.

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Data Indicators	Source	Level of Data	Report Format	Timeline for Collection/Reporting	Usefulness of Data	Feasibility
Adult Prevalence <ul style="list-style-type: none"> <li>Lifetime Use</li> <li>Past 30 day use</li> <li>Perceived Risk</li> <li>Route of administration</li> </ul>	Adult Risk Behavior Survey	<ul style="list-style-type: none"> <li>State</li> </ul>	<ul style="list-style-type: none"> <li>Charts and Tables</li> </ul>	Every other year	High	Medium
Youth Survey Data <ul style="list-style-type: none"> <li>Perceived Risk</li> <li>Age of Onset</li> <li>Past 30 day use</li> </ul>	MIPIHY, MI YRBS, and Monitoring the Future	<ul style="list-style-type: none"> <li>County</li> <li>State</li> <li>National</li> </ul>	<ul style="list-style-type: none"> <li>Charts and tables</li> <li>Mapped by county</li> </ul>	<ul style="list-style-type: none"> <li>Biennial</li> <li>Annually for State</li> </ul>	High	High
Publicly Funded Treatment Admissions <ul style="list-style-type: none"> <li>Demographic Info, inc. referral source.</li> </ul>	Coordinating Agency Reporting	<ul style="list-style-type: none"> <li>County</li> <li>Coordinating Agency</li> <li>State</li> </ul>	<ul style="list-style-type: none"> <li>Charts and tables</li> <li>Mapped by county</li> </ul>	Annually	Low	High
EPIC <ul style="list-style-type: none"> <li>Dumpsites/waste</li> <li>Manufacture sites</li> <li>Children at methamphetamine sites</li> </ul>	EPIC database	<ul style="list-style-type: none"> <li>County</li> <li>State</li> <li>National</li> </ul>	<ul style="list-style-type: none"> <li>Tables</li> <li>Mapped by zip code</li> </ul>	Annually	High	Medium
Child Welfare <ul style="list-style-type: none"> <li>Methamphetamine related referrals and removals</li> </ul>	DHS – System will need to be developed to collect Substance specific information	<ul style="list-style-type: none"> <li>County</li> <li>State</li> </ul>	<ul style="list-style-type: none"> <li>Charts and tables</li> <li>Mapped by zip code</li> </ul>	Annually	High	Low
Court Involvement <ul style="list-style-type: none"> <li>Methamphetamine possession</li> <li>Methamphetamine manufacture</li> <li>Arrestee Demographics</li> </ul>	To be Determined	<ul style="list-style-type: none"> <li>County</li> <li>State</li> <li>National</li> </ul>	<ul style="list-style-type: none"> <li>Charts and tables</li> <li>Mapped by zip code</li> </ul>	Annually	Medium	Unknown
Health Care <ul style="list-style-type: none"> <li>Emergency Room Data</li> <li>County Public Health</li> </ul>	TBD	<ul style="list-style-type: none"> <li>County</li> <li>State</li> </ul>	Not Applicable	Not Applicable	Medium	Low